

Our Docket No: 42390P8193

Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 16 2004

In re Application of: )

Mark Sean Hefty, et al. )

Examiner: Nguyen, Thanh T. )

Application No: 09/576,038 )

Art Unit: 2144 )

Filed: May 23, 2000 )

For: METHOD AND SYSTEM FOR  
COMMUNICATING BETWEEN MEMORY  
REGIONS )

OFFICIAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313PETITION FOR EXTENSION OF TIME  
PURSUANT TO 37 C.F.R. § 1.136(A)

Sir:

Applicants respectfully request a Three Month Extension of Time to file a Response to Office Action mailed February 17, 2004. The extended period expires August 17, 2004.

The Commissioner is authorized to charge our Deposit Account No. 50-0221 for the charges associated with such an extension.

Respectfully submitted,

Date: August 16, 2004Libby H. Hope, Patent Attorney  
Reg. No. 46,774  
Patent Practice Group  
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(949) 498-0601

10/20/2004 BTURNER 00000003 500221 09576038

01 PAGE:19/19 \* RCVD AT: 8/16/2004 7:47:58 PM [Eastern Daylight Time] \* SVR:USPTO-EFAX-1/0 \* DNS:8729306 \* CSID:9494980601 \* DURATION (mm-ss):05-04

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/576038

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT A				
Total	31	Minus	21	=
Independent	4	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT B				
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT C				
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE ☐

OTHER THAN  
SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	90
X78=	78
+260=	
TOTAL	858

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

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